

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name 870 Middle Island Produce Corp.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 81-3891464

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

868 Middle Country Road
Middle Island, NY 11953

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Suffolk
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **870 Middle Island Produce Corp.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.4451**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	379 Horseblock Produce Corp.	Relationship
District	E.D.N.Y.	Case number, if known
	When 2/11/19	

Debtor 870 Middle Island Produce Corp.
Name

Case number (if known) _____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor 870 Middle Island Produce Corp.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

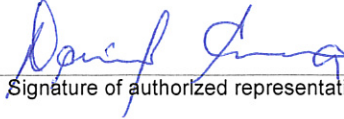
I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

MM / DD / YYYY

X 
Signature of authorized representative of debtor**David Corona**

Printed name

Title **President****18. Signature of attorney** **X** /s/ Marc A. Pergament
Signature of attorney for debtor

Date

MM / DD / YYYY

Marc A. Pergament

Printed name

Weinberg, Gross & Pergament LLP

Firm name

400 Garden City Plaza**Suite 403****Garden City, NY 11530**

Number, Street, City, State & ZIP Code

Contact phone **(516) 877-2424**

Email address _____

NY

Bar number and State

Fill in this information to identify the case:Debtor name 870 Middle Island Produce Corp.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

X



Signature of individual signing on behalf of debtor

David Corona

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **870 Middle Island Produce Corp.**
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
126 Clarke Market Corp. 126 Clarke Street Brentwood, NY 11717						\$16,505.36
379 Horseblock Produce Corp. 379 Horseblock Road Farmingville, NY 11738						\$5,404.79
Ad Zone Digital Marketing Inc. 503 West 172nd Street New York, NY 10032						\$3,600.00
Alba Dairy 256 Crescent Lane Cliffside Park, NJ 07010						\$4,354.86
Bayside Seas LLC 338 Coaster Street Bronx, NY 10474						\$11,926.21
Cream-O-Land Dairies, LLC P.O. Box 146 Florence, NJ 08518						\$3,770.48
General Trading Co., Inc. 455 16th Street Carlstadt, NJ 07072						\$49,183.56
Gilrane Provisions Inc. P.O. Box 171 Massapequa Park, NY 11762						\$6,146.17

Debtor **870 Middle Island Produce Corp.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Goya Foods, Inc. 350 County Road Jersey City, NJ 07307						\$13,285.94
Green Farm NY 581 Austin Place Bronx, NY 10455						\$22,983.10
J&J Farms Creamery 57-48 49th Street Maspeth, NY 11378						\$8,573.00
Jet Produce New York Terminal Market, Row B 263A Bronx, NY 10474						\$25,276.88
Joshen Paper & Packaging of NJ P.O. Box 828953 Philadelphia, PA 19182						\$7,576.47
Key Food Stores Co-Operative Inc. 1200 South Avenue Attn: Ms. Sharon Kunzelman Staten Island, NY 10314		90 days or less: Accounts Receivable Inventory		\$2,226,089.34	\$0.00	\$700,000.00
Moreno Produce NY Corp. 25 Buena Vista Avenue Lawrence, NY 11559						\$11,582.19
National Foods Distributors 47-05 Metropolitan Avenue Ridgewood, NY 11385						\$53,779.92
NationalGrid Bankruptcy Department 300 Erie Boulevard West Syracuse, NY 13202						\$3,594.95
Porky Products Inc. P.O. Box 10857 Newark, NJ 07105						\$21,348.34
United Food Brands 525 Winsor Drive Secaucus, NJ 07094						\$5,709.85

Debtor **870 Middle Island Produce Corp.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
West Side Foods Inc. P.O. Box 740456 Bronx, NY 10474						\$9,784.74

Fill in this information to identify the case:Debtor name **870 Middle Island Produce Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 870 Produce Corp.

Creditor's Name

M. Figueredo, Esq.
45-18 Court Square #400
Long Island City, NY 11101

Creditor's mailing address

Describe debtor's property that is subject to a lien
90 days or less: Accounts Receivable**\$488,445.00****Unknown**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.
1. 870 Produce Corp.
2. Key Food Stores
Co-Operative Inc.

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.2 Key Food Stores**

Creditor's Name

Co-Operative Inc.
1200 South Avenue
Attn: Ms. Sharon
Kunzelman
Staten Island, NY 10314

Creditor's mailing address

Describe debtor's property that is subject to a lien
90 days or less: Accounts Receivable
Inventory**\$2,226,089.34****Unknown**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **870 Middle Island Produce Corp.**
Name

Case number (if know)

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 M2 Lease Funds LLC**

Creditor's Name

175 N. Patrick Blvd., Suite 140**Brookfield, WI 53045**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Middle Island Plaza, LLC**

Creditor's Name

**c/o Somer. Heller & Corwin
2171 Jericho Turnpike,
Suite 350****Commack, NY 11725**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$102,339.41

\$0.00

Rent

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,816,873.7**5****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor 870 Middle Island Produce Corp.

Case number (if know) _____

Name

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you
enter the related creditor?Last 4 digits of
account number for
this entityGuzman Group
495 Myrtle Avenue
Brooklyn, NY 11205Line 2.1Marshal, City of New York
6913 New Utrecht Avenue
Brooklyn, NY 11228Line 2.2

Fill in this information to identify the case:Debtor name **870 Middle Island Produce Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 126 Clarke Market Corp. 126 Clarke Street Brentwood, NY 11717 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16,505.36
3.2	Nonpriority creditor's name and mailing address 379 Horseblock Produce Corp. 379 Horseblock Road Farmingville, NY 11738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,404.79
3.3	Nonpriority creditor's name and mailing address 870 Merrick Produce Corp. 870 Merrick Road Copague, NY 11726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$816.00
3.4	Nonpriority creditor's name and mailing address AAA Housewares Inc. 1400 Langdon Boulevard Rockville Centre, NY 11570 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,502.74

Debtor 870 Middle Island Produce Corp.		Case number (if known) _____
Name _____		

3.5	Nonpriority creditor's name and mailing address AAA Miscellaneous Wholesale 37-12 98th Street Corona, NY 11368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,559.90</u>
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3.6	Nonpriority creditor's name and mailing address Abarrotes Mixteca Corp. 216 Midland Avenue Saddle Brook, NJ 07663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,861.53</u>
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3.7	Nonpriority creditor's name and mailing address Ad Zone Digital Marketing Inc. 503 West 172nd Street New York, NY 10032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,600.00</u>
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3.8	Nonpriority creditor's name and mailing address Adelphia Container Corp. 125 Divison Place Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,092.50</u>
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3.9	Nonpriority creditor's name and mailing address Alba Dairy 256 Crescent Lane Cliffside Park, NJ 07010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,354.86</u>
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3.10	Nonpriority creditor's name and mailing address Ars Premier Foods P.O. Box 1954 Burlington, NJ 08016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$233.89</u>
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3.11	Nonpriority creditor's name and mailing address Bayside Seas LLC 338 Coaster Street Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,926.21</u>
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Debtor 870 Middle Island Produce Corp.		Case number (if known) _____	
Name _____			

3.12	Nonpriority creditor's name and mailing address Bedessee Imports Inc. 601 Wortman Avenue Brooklyn, NY 11208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.11
<hr/>			
3.13	Nonpriority creditor's name and mailing address Big Apple Distributors 1628 Bathgate Avenue Bronx, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.32
<hr/>			
3.14	Nonpriority creditor's name and mailing address Big Geyser Inc. 57 65 48th Street Maspeth, NY 11378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.30
<hr/>			
3.15	Nonpriority creditor's name and mailing address BK Fire Suppression & Security Systems 826 Suffolk Avenue Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.32
<hr/>			
3.16	Nonpriority creditor's name and mailing address Boening Bros Inc. 1098 Route 109 Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.24
<hr/>			
3.17	Nonpriority creditor's name and mailing address Bonnie Plant Farm 1727 Highway 223 AY2K18 Union Springs, AL 36089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,396.12
<hr/>			
3.18	Nonpriority creditor's name and mailing address Cafe Caribe Inc. 3475 Vicotry Boulevard Staten Island, NY 10314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,732.93

Debtor 870 Middle Island Produce Corp.		Case number (if known) _____	
Name _____			
3.19	Nonpriority creditor's name and mailing address Caricom Foods 601 Wortman Avenue Brooklyn, NY 11208-5000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,045.05
3.20	Nonpriority creditor's name and mailing address Carolina's Wholesale P.O. Box 1604 Beltsville, MD 20705 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$736.00
3.21	Nonpriority creditor's name and mailing address Casa Ofelia's Corp. 1290 Grand Avenue Baldwin, NY 11510 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,234.95
3.22	Nonpriority creditor's name and mailing address CGS General Distribution 245 Hinsdale Street, 1st Fl. Brooklyn, NY 11207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,073.80
3.23	Nonpriority creditor's name and mailing address CIBAO Meat Products 630 Saint Ann's Avenue Bronx, NY 10455 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$696.40
3.24	Nonpriority creditor's name and mailing address Commercial Mexicana International Inc. 75 C Rushmore Street Westbury, NY 11590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.82
3.25	Nonpriority creditor's name and mailing address Condal Distributors Inc. 531 Dupone Street Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,068.00

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3.26	Nonpriority creditor's name and mailing address Cordialsa USA Inc. 2 South Middlesex Ave., Suite A Monroe Township, NJ 08831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$429.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Cream-O-Land Dairies, LLC P.O. Box 146 Florence, NJ 08518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,770.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Darling Ingredients Inc. P.O. Box 552210 Detroit, MI 48255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Diaz Foods 5501 Fulton Industrian Blvd. Atlanta, GA 30336 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,052.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Dinas Corp. 104-46 Dunkirk Street Jamaica, NY 11412 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$633.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Distribuidora Jocorena 199 Brook Avenue Deer Park, NY 11729 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$690.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address E&M Ice Cream 701 Zerega Avenue Bronx, NY 10473 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,096.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Empire Food Importers 69-63 75th Street Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$882.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address FABI-SAA Inc. 39 Montgomery Street Belleville, NJ 07109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$489.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Family Food Distributors 969 Newark Turnpike Kearny, NJ 07032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,528.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Finest Food Distributing Co., NY Inc. 87-21 76th Street Woodhaven, NY 11421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,654.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address FM Food Brokers LLC 33 S. Washington Avenue Bergenfield, NJ 07621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,392.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address FoodDirect 355 Food Center Drive C-6 Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,159.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Friot-Lay 75 Remittance Drive, Suite 1217 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$315.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		As of the petition filing date, the claim is: <i>Check all that apply.</i>		
3.40	Nonpriority creditor's name and mailing address Frozen Foods Partners LLC P.O. Box 440244 Nashville, TN 37244 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.90
3.41	Nonpriority creditor's name and mailing address General Trading Co., Inc. 455 16th Street Carlstadt, NJ 07072 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,183.56
3.42	Nonpriority creditor's name and mailing address Gilrane Provisions Inc. P.O. Box 171 Massapequa Park, NY 11762 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,146.17
3.43	Nonpriority creditor's name and mailing address Goya Foods, Inc. 350 County Road Jersey City, NJ 07307 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,285.94
3.44	Nonpriority creditor's name and mailing address Green Farm NY 581 Austin Place Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,983.10
3.45	Nonpriority creditor's name and mailing address Green Man 22-11 97th Street East Elmhurst, NY 11369 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.46	Nonpriority creditor's name and mailing address Hermanos Bakery Corp. 34-36 State Street Passaic, NJ 07055 Date(s) debt was incurred ____ Last 4 digits of account number ____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.63

Debtor	870 Middle Island Produce Corp. Name _____	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address India Beverage Inc. 1401 Viele Avenue Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$226.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address J&J Farms Creamery 57-48 49th Street Maspeth, NY 11378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,573.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Janover, LLC 100 Quentin Roosevelt Blvd., Suite 516 Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address Jet Produce New York Terminal Market, Row B 263A Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,276.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address Joshen Paper & Packaging of NJ P.O. Box 828953 Philadelphia, PA 19182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,576.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address JP Trading and Global Imports 16 Herbert Street Newark, NJ 07105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,008.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address Karinli Imports P.O. Box 474 Brentwood, NY 11717 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$262.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.54</div>	Nonpriority creditor's name and mailing address La Centro Americana Copr. 2280 Union Boulevard Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,920.40
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.55</div>	Nonpriority creditor's name and mailing address La Fe 230 Moonchie Avenue Moonachie, NJ 07074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,073.00
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.56</div>	Nonpriority creditor's name and mailing address La Flor Inc. 25 Hoffman Avenue Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,241.50
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.57</div>	Nonpriority creditor's name and mailing address Lakewood Bakery 107 Marine Street E. Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.00
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.58</div>	Nonpriority creditor's name and mailing address Latin American Dist. Inc. 307 Industrial Way West Eatontown, NJ 07724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,469.74
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.59</div>	Nonpriority creditor's name and mailing address Leblon Foods Inc. 503 South Main Street Canastota, NY 13032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.38
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.60</div>	Nonpriority creditor's name and mailing address Los Olivos Ltd. 105 Bi County Boulevard Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,089.35

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3.61	Nonpriority creditor's name and mailing address Manhattan Beer Distributors 955 East 149th Street Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$499.17
<hr/>			
3.62	Nonpriority creditor's name and mailing address Marina Ice Cream Corp. 133-14 Jamiaca Avenue Richmond Hill, NY 11418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,130.63
<hr/>			
3.63	Nonpriority creditor's name and mailing address McKee Foods Corporation P.O. Box 2118 Collegedale, TN 37315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.31
<hr/>			
3.64	Nonpriority creditor's name and mailing address Mega Business LLC 84 Shelter Rock Road Danbury, CT 06810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.28
<hr/>			
3.65	Nonpriority creditor's name and mailing address Moreno Produce NY Corp. 25 Buena Vista Avenue Lawrence, NY 11559 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,582.19
<hr/>			
3.66	Nonpriority creditor's name and mailing address National Foods Distributors 47-05 Metropolitan Avenue Ridgewood, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,779.92
<hr/>			
3.67	Nonpriority creditor's name and mailing address NationalGrid Bankruptcy Department 300 Erie Boulevard West Syracuse, NY 13202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,594.95

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3.68	Nonpriority creditor's name and mailing address Natural Foods Inc. 64-31 108th Street, Suite 1070 Forest Hills, NY 11375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,949.03
3.69	Nonpriority creditor's name and mailing address New York Produce Inc. 125 Seaview Drive Secaucus, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,165.79
3.70	Nonpriority creditor's name and mailing address P&P Deli 22 Robert Avenue Elmont, NY 11003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.19
3.71	Nonpriority creditor's name and mailing address Pioneer Morton 59 Hook Road Bayonne, NJ 07002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,111.20
3.72	Nonpriority creditor's name and mailing address Porky Products Inc. P.O. Box 10857 Newark, NJ 07105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,348.34
3.73	Nonpriority creditor's name and mailing address Productos Dona Lisa 41 Mercedes Way, Unit 14 Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.74	Nonpriority creditor's name and mailing address Rio Grande Foods Products Inc. 8610 Cherry Lane Laurel, MD 20707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.03

Debtor 870 Middle Island Produce Corp.		Case number (if known) _____	
Name _____			

3.75	Nonpriority creditor's name and mailing address S.K.I. Beer Corp. 169 Gardner Avenue Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.56
<hr/>			
3.76	Nonpriority creditor's name and mailing address Sime Corp. 394 Long Island Avenue Wyandanch, NY 11798 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00
<hr/>			
3.77	Nonpriority creditor's name and mailing address Snack Solutions 72 Wabash Avenue Clifton, NJ 07011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$686.01
<hr/>			
3.78	Nonpriority creditor's name and mailing address Soluzonoe Corp. 278 14th street West Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
<hr/>			
3.79	Nonpriority creditor's name and mailing address Sophia Foods Inc. 480 Wortman Avenue Brooklyn, NY 11208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.50
<hr/>			
3.80	Nonpriority creditor's name and mailing address Spicy Flavor LLC P.O. Box 757 Oxon Hill, MD 20750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$674.23
<hr/>			
3.81	Nonpriority creditor's name and mailing address Supermarketing LLC 2214 N. Miami Avnue, 2nd Floor Miami, FL 33127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

Debtor **870 Middle Island Produce Corp.**

Case number (if known) _____

3.82 Nonpriority creditor's name and mailing address The Beverage Works NY, Inc. 800 Rte. 34, Suite 203 Belmar, NJ 07719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.35
3.83 Nonpriority creditor's name and mailing address Tropical Cheese Industries Inc. P.O. Box 1357 Perth Amboy, NJ 08861 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,789.27
3.84 Nonpriority creditor's name and mailing address Unifirst Corporation 1750 Artic Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369.60
3.85 Nonpriority creditor's name and mailing address United Food Brands 525 Winsor Drive Secaucus, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,709.85
3.86 Nonpriority creditor's name and mailing address West Side Foods Inc. P.O. Box 740456 Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,784.74
3.87 Nonpriority creditor's name and mailing address Willymar corp. P.O. Box 659 Temple Hills, MD 20757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.07

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. Total of claim amounts \$ **0.00**

Debtor **870 Middle Island Produce Corp.**
Name

Case number (if known)

5b. Total claims from Part 2

5b. + \$ **352,429.35**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ **352,429.35**

**United States Bankruptcy Court
Eastern District of New York**

In re 870 Middle Island Produce Corp.

Debtor(s)

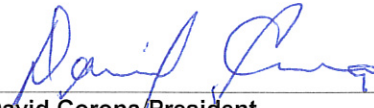
Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: _____



David Corona/President
Signer/Title

Date: _____

/S/ Marc A. Pergament
Signature of Attorney
Marc A. Pergament
Weinberg, Gross & Pergament LLP
400 Garden City Plaza
Suite 403
Garden City, NY 11530
(516) 877-2424 Fax: (516) 877-2460

126 Clarke Market Corp.
126 Clarke Street
Brentwood, NY 11717

379 Horseblock Produce Corp.
379 Horseblock Road
Farmingville, NY 11738

870 Merrick Produce Corp.
870 Merrick Road
Copiague, NY 11726

870 Produce Corp.
M. Figueredo, Esq.
45-18 Court Square #400
Long Island City, NY 11101

AAA Housewares Inc.
1400 Langdon Boulevard
Rockville Centre, NY 11570

AAA Miscellaneous Wholesale
37-12 98th Street
Corona, NY 11368

Abarrotes Mixteca Corp.
216 Midland Avenue
Saddle Brook, NJ 07663

Ad Zone Digital Marketing Inc.
503 West 172nd Street
New York, NY 10032

Adelphia Container Corp.
125 Divison Place
Brooklyn, NY 11222

Alba Dairy
256 Crescent Lane
Cliffside Park, NJ 07010

Ars Premier Foods
P.O. Box 1954
Burlington, NJ 08016

Bayside Seas LLC
338 Coaster Street
Bronx, NY 10474

Bedessee Imports Inc.
601 Wortman Avenue
Brooklyn, NY 11208

Big Apple Distributors
1628 Bathgate Avenue
Bronx, NY 10457

Big Geyser Inc.
57 65 48th Street
Maspeth, NY 11378

BK Fire Suppression & Security Systems
826 Suffolk Avenue
Brentwood, NY 11717

Boening Bros Inc.
1098 Route 109
Lindenhurst, NY 11757

Bonnie Plant Farm
1727 Highway 223 AY2K18
Union Springs, AL 36089

Cafe Caribe Inc.
3475 Vicotry Boulevard
Staten Island, NY 10314

Caricom Foods
601 Wortman Avenue
Brooklyn, NY 11208-5000

Carolina's Wholesale
P.O. Box 1604
Beltsville, MD 20705

Casa Ofelia's Corp.
1290 Grand Avenue
Baldwin, NY 11510

CGS General Distribution
245 Hinsdale Street, 1st Fl.
Brooklyn, NY 11207

CIBAO Meat Products
630 Saint Ann's Avenue
Bronx, NY 10455

Commercial Mexicana International Inc.
75 C Rushmore Street
Westbury, NY 11590

Condal Distributors Inc.
531 Dupone Street
Bronx, NY 10474

Cordialsa USA Inc.
2 South Middlesex Ave., Suite A
Monroe Township, NJ 08831

Cream-O-Land Dairies, LLC
P.O. Box 146
Florence, NJ 08518

Darling Ingredients Inc.
P.O. Box 552210
Detroit, MI 48255

Diaz Foods
5501 Fulton Industrian Blvd.
Atlanta, GA 30336

Dinas Corp.
104-46 Dunkirk Street
Jamiaca, NY 11412

Distribuidora Jocorena
199 Brook Avenue
Deer Park, NY 11729

E&M Ice Cream
701 Zerega Avenue
Bronx, NY 10473

Empire Food Importers
69-63 75th Street
Middle Village, NY 11379

FABI-SAA Inc.
39 Montgomery Street
Belleville, NJ 07109

Family Food Distributors
969 Newark Turnpike
Kearny, NJ 07032

Finest Food Distributing Co., NY Inc.
87-21 76th Street
Woodhaven, NY 11421

FM Food Brokers LLC
33 S. Washington Avenue
Bergenfield, NJ 07621

FoodDirect
355 Food Center Drive C-6
Bronx, NY 10474

Friot-Lay
75 Remittance Drive, Suite 1217
Chicago, IL 60675

Frozen Foods Partners LLC
P.O. Box 440244
Nashville, TN 37244

General Trading Co., Inc.
455 16th Street
Carlstadt, NJ 07072

Gilrane Provisions Inc.
P.O. Box 171
Massapequa Park, NY 11762

Goya Foods, Inc.
350 County Road
Jersey City, NJ 07307

Green Farm NY
581 Austin Place
Bronx, NY 10455

Green Man
22-11 97th Street
East Elmhurst, NY 11369

Guzman Group
495 Myrtle Avenue
Brooklyn, NY 11205

Hermanos Bakery Corp.
34-36 State Street
Passaic, NJ 07055

India Beverage Inc.
1401 Viele Avenue
Bronx, NY 10474

J&J Farms Creamery
57-48 49th Street
Maspeth, NY 11378

Janover, LLC
100 Quentin Roosevelt Blvd., Suite 516
Garden City, NY 11530

Jet Produce
New York Terminal Market, Row B 263A
Bronx, NY 10474

Joshen Paper & Packaging of NJ
P.O. Box 828953
Philadelphia, PA 19182

JP Trading and Global Imports
16 Herbert Street
Newark, NJ 07105

Karinli Imports
P.O. Box 474
Brentwood, NY 11717

Key Food Stores Co-Operative Inc.
1200 South Avenue
Attn: Ms. Sharon Kunzelman
Staten Island, NY 10314

La Centro Americana Copr.
2280 Union Boulevard
Bay Shore, NY 11706

La Fe
230 Moonchie Avenue
Moonachie, NJ 07074

La Flor Inc.
25 Hoffman Avenue
Hauppauge, NY 11788

Lakewood Bakery
107 Marine Street E.
Farmingdale, NY 11735

Latin American Dist. Inc.
307 Industrial Way West
Eatontown, NJ 07724

Leblon Foods Inc.
503 South Main Street
Canastota, NY 13032

Los Olivos Ltd.
105 Bi County Boulevard
Farmingdale, NY 11735

M2 Lease Funds LLC
175 N. Patrick Blvd., Suite 140
Brookfield, WI 53045

Manhattan Beer Distributors
955 East 149th Street
Bronx, NY 10455

Marina Ice Cream Corp.
133-14 Jamiaca Avenue
Richmond Hill, NY 11418

Marshal, City of New York
6913 New Utrecht Avenue
Brooklyn, NY 11228

McKee Foods Corporation
P.O. Box 2118
Collegedale, TN 37315

Mega Business LLC
84 Shelter Rock Road
Danbury, CT 06810

Middle Island Plaza, LLC
c/o Somer. Heller & Corwin
2171 Jericho Turnpike, Suite 350
Commack, NY 11725

Moreno Produce NY Corp.
25 Buena Vista Avenue
Lawrence, NY 11559

National Foods Distributors
47-05 Metropolitan Avenue
Ridgewood, NY 11385

NationalGrid
Bankruptcy Department
300 Erie Boulevard West
Syracuse, NY 13202

Natural Foods Inc.
64-31 108th Street, Suite 1070
Forest Hills, NY 11375

New York Produce Inc.
125 Seaview Drive
Secaucus, NJ 07094

P&P Deli
22 Robert Avenue
Elmont, NY 11003

Pioneer Morton
59 Hook Road
Bayonne, NJ 07002

Porky Products Inc.
P.O. Box 10857
Newark, NJ 07105

Productos Dona Lisa
41 Mercedes Way, Unit 14
Brentwood, NY 11717

Rio Grande Foods Products Inc.
8610 Cherry Lane
Laurel, MD 20707

S.K.I. Beer Corp.
169 Gardner Avenue
Brooklyn, NY 11237

Sime Corp.
394 Long Island Avenue
Wyandanch, NY 11798

Snack Solutions
72 Wabash Avenue
Clifton, NJ 07011

Soluzonoe Corp.
278 14th street
West Babylon, NY 11704

Sophia Foods Inc.
480 Wortman Avenue
Brooklyn, NY 11208

Spicy Flavor LLC
P.O. Box 757
Oxon Hill, MD 20750

Supermarketing LLC
2214 N. Miami Avnue, 2nd Floor
Miami, FL 33127

The Beverage Works NY, Inc.
800 Rte. 34. Suite 203
Belmar, NJ 07719

Tropical Cheese Industries Inc.
P.O. Box 1357
Perth Amboy, NJ 08861

Unifirst Corporation
1750 Artic Avenue
Bohemia, NY 11716

United Food Brands
525 Winsor Drive
Secaucus, NJ 07094

West Side Foods Inc.
P.O. Box 740456
Bronx, NY 10474

Willymar corp.
P.O. Box 659
Temple Hills, MD 20757

United States Bankruptcy Court
Eastern District of New York

In re 870 Middle Island Produce Corp.

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for 870 Middle Island Produce Corp. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

//S/ Marc A. Pergament

Date

Marc A. Pergament

Signature of Attorney or Litigant

Counsel for 870 Middle Island Produce Corp.

Weinberg, Gross & Pergament LLP

400 Garden City Plaza

Suite 403

Garden City, NY 11530

(516) 877-2424 Fax:(516) 877-2460

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): 870 Middle Island Produce Corp.

CASE NO.: _____

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☐ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☒ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: **E.D.N.Y.**

DEBTOR NAME: **379 Horseblock Produce Corp.**

CASE STILL PENDING (Y/N): **Y** [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/S/ Marc A. Pergament

Marc A. Pergament

Signature of Debtor's Attorney

Weinberg, Gross & Pergament LLP**400 Garden City Plaza****Suite 403****Garden City, NY 11530****(516) 877-2424 Fax:(516) 877-2460**

Signature of Pro Se Debtor/Petitioner

Signature of Pro Se Joint Debtor/Petitioner

Mailing Address of Debtor/Petitioner

City, State, Zip Code

Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In Re:

Chapter 11

870 Middle Island Produce Corp.,

Case No.

Debtor.

Affirmation Under Local
Bankruptcy Rule 1007-4

-----X

David Corona, duly affirms under the penalties of perjury as follows:

1. I am the President of 870 Middle Island Produce Corp., the above-named debtor (hereinafter "Debtor"). I submit this affirmation in accordance with Local Bankruptcy Rule 1007-3 and in connection with the Debtor's voluntary petition for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") filed herein.

2. The principal office of the Debtor is located in this district at 868 Middle Country Road, Middle Island, New York.

3. The Debtor's taxpayer identification number is 81-3891464.

4. There is neither a case under the former Bankruptcy Act nor under the Bankruptcy Code currently pending by or against the Debtor.

5. No official or unofficial committee of creditors of the Debtor has been organized as of this date.

6. No property of the Debtor is in the possession or custody of any custodian, public officer, receiver, trustee, assignee of rents, or secured creditor or agent for any such persons.

7. The Debtor's principal books and records are located at 868 Middle Country Road, Middle Island, New York.

8. A listing of the Debtor's twenty (20) largest unsecured creditors, excluding insiders, is attached to the Debtor's petition.

9. During the pendency of these proceedings, the Debtor intends to continue its operations as a supermarket.

10. The Debtor operates its business from 868 Middle Country Road, Middle Island, New York.


11. It is anticipated that the Debtor's operations in the next thirty (30) days will result in a small profit.

12. No stocks, bonds, debentures, or other securities of the Debtor have been publicly issued.

13. The Debtor does not have any assets located outside the territorial limits of the United States.

14. It is desirable for the Debtor to continue its operations, as the Debtor believes itself to be capable of effectuating a reorganization.

Dated: Garden City, New York
February 11, 2019



David Corona, President

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In Re:

Chapter 11

870 Middle Island Produce Corp.,

Case No.

Debtor.

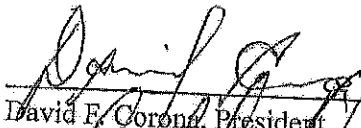
Certificate of Corporate Resolution

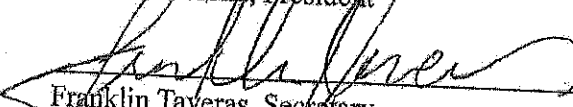
The undersigned, the President and Secretary of 870 Middle Island Produce Corp., a corporation existing under the laws of the State of New York does hereby certify that a duly called meeting of the directors of 870 Middle Island Produce Corp., the following resolutions were adopted, and have not been modified or rescinded, and are still in full force and effect:

"Resolved, that in the judgment of the shareholders and directors, it is desirable and in the best interest of the corporation, that David F. Corona, President of the Corporation, be empowered to cause a petition under Chapter 11 of the Bankruptcy Code to be filed by the corporation upon such date, and in the event, in his discretion, such action should be necessary for the protection of the corporation and preservation of its assets without further notice to the directors of 870 Middle Island Produce Corp., and it is further

Resolved, that David F. Corona be and hereby is, authorized to execute and file all petitions, schedules, lists and other papers and to take any and all action which he may deem necessary and proper in connection with such proceedings under Chapter 11, and in that connection, to retain and employ Weinberg, Gross & Pergament LLP and to retain and employ all other professionals which they may deem necessary or proper with a view towards a successful conclusion of such a reorganization case."

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of February, 2019.


David F. Corona, President


Franklin Taveras, Secretary